

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
NICKNAME LAST SUFFIX
Thomas R.
Aguillon

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Date Processed

Date Imaged

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 MAR -6 A.D. 08

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 15125 San Antonio, TX 78212

☐ Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
NICKNAME LAST SUFFIX
Brian
Mason

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
119 W. Magnolia, San Antonio, TX 78212

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 731.6646

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☒ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year
3 / 25 / 03 THROUGH 4 / 23 / 03

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
5 / 3 / 03 ☒ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Council District One

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Thomas R. Aguilon

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY
☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

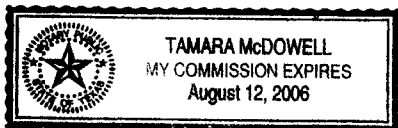
\$

OUTSTANDING
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Thomas R. Aguilon
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thomas AGUILON, this the 25 day of APRIL, 20 03, to certify which, witness my hand and seal of office.

Tamara McDowell
Signature of officer administering oath

TAMARA McDOWELL
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1/8

2 FILER NAME

Thomas R. Aguilon

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

Cingular Wireless

6 Payee address; City; State; Zip Code

3.25.03

P.O. Box 650574 Dallas, TX. 75265

300.⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

service

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Teresa Canales

Payee address; City; State; Zip Code

3.31.03

621 W. Agarita, SA. TX 78212

1,136.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

contract labor + reimbursement

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

John Boudreau

Payee address; City; State; Zip Code

3.31.03

Horn Blvd, SA. TX

800.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

contract labor

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

SBC

Payee address; City; State; Zip Code

4.01.03

P.O. Box 1780, Houston. TX. 77251

500.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

service

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2/8

2 FILER NAME

Thomas R. Aguilon

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

EZ-Drive

7 Amount (\$)

6 Payee address; City; State; Zip Code

4.2.03

906 Ruiz St. SA, TX 78207

165.05

8 Purpose of payment (See instructions regarding type of information required.)

supplies

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Byron Trott

Amount (\$)

Payee address; City; State; Zip Code

4.4.03

148 Terrell Rd. SA, TX 78209

2003 JUN 16 A 10:08
 RECEIVED
 CITY OF SAN ANTONIO
 CITY CLERK

Purpose of payment (See instructions regarding type of information required.)

rent

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Office Max

Amount (\$)

Payee address; City; State; Zip Code

4.5.03

255 E. Basse, Ste. 1510, SA, TX 78209

70.11

Purpose of payment (See instructions regarding type of information required.)

supplies

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Kinko's

Amount (\$)

Payee address; City; State; Zip Code

4.5.03

4418 Broadway, SA, TX 78209

59.76

Purpose of payment (See instructions regarding type of information required.)

copies

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <u>3/8</u>
2 FILER NAME <u>Thomas R. Aguilon</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <u>Kinko's</u> 6 Payee address; City; State; Zip Code <u>4418 Broadway, SA, TX 78209</u>	7 Amount (\$) <u>397.79</u>
8 Purpose of payment (See instructions regarding type of information required.) <u>copies</u>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name <u>Office Depot</u> Payee address; City; State; Zip Code <u>13484 San Pedro Ave. SA, TX 78216</u>	Amount (\$) <u>266.30</u>
Purpose of payment (See instructions regarding type of information required.) <u>supplies</u>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name <u>Office Max</u> Payee address; City; State; Zip Code <u>255 E. Base, Ste. 1510, SA, TX 78209</u>	Amount (\$) <u>216.05</u>
Purpose of payment (See instructions regarding type of information required.) <u>supplies</u>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name <u>HEB</u> Payee address; City; State; Zip Code <u>300 W. Olmos, SA, TX 78212</u>	Amount (\$) <u>100.00</u>
Purpose of payment (See instructions regarding type of information required.) <u>gift cards for St. Agnes</u>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4/8

2 FILER NAME

Thomas R. Aguilon

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

EZ Drive

7 Amount (\$)

6 Payee address; City; State; Zip Code

4.8.03

906 Ruiz St. SA, TX 78207

110.57

8 Purpose of payment (See instructions regarding type of information required.)

supplies

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Allied Advertising

Amount (\$)

Payee address; City; State; Zip Code

4.9.03

3700 Blanco Rd.

1483.35

Purpose of payment (See instructions regarding type of information required.)

t-shirts & signs

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

La Prensa de San Antonio

Amount (\$)

Payee address; City; State; Zip Code

4.10.03

P.O. Box 830768, SA, TX 78283

200.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

advertisement

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Real Creative Design

Amount (\$)

Payee address; City; State; Zip Code

4.11.03

104 Briggs, Ste 1. SA, TX 78211

1823.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

design + print

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 5/8	
2 FILER NAME Thomas R. Aguilon		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4.12.03	5 Payee name USPS 6 Payee address; City; State; Zip Code Laurel Heights Station, SA. TX 78212	7 Amount (\$) 460.00	
8 Purpose of payment (See instructions regarding type of information required.) postage		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held 2003 MAY - 6 A 10:08 RECEIVED CITY OF SAN ANTONIO CITY CLERK	
Date 4.12.03	Payee name USPS Payee address; City; State; Zip Code Laurel Heights Station, SA. TX 78212	Amount (\$) 115.00	
Purpose of payment (See instructions regarding type of information required.) postage		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 4.14.03	Payee name PC Mailing Payee address; City; State; Zip Code 10711 Hillpoint Dr. SA, TX 78217	Amount (\$) 2886.00	
Purpose of payment (See instructions regarding type of information required.) services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 4.15.03	Payee name Teresa Canales Payee address; City; State; Zip Code 621 W. Aguirre, SA. TX. 78212	Amount (\$) 1000.00	
Purpose of payment (See instructions regarding type of information required.) contract labor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6/8

2 FILER NAME

Thomas R. Aguilon

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

San Antonio Current

6 Payee address; City; State; Zip Code

4.15.03

1500 N. St. Mary's St. SA. TX 78215

475.⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

advertisement

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

HEB

Payee address; City; State; Zip Code

4.15.03

300 W. Olmos, SA. TX 78212

61.34

Purpose of payment (See instructions regarding type of information required.)

supplies

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

USPS

Payee address; City; State; Zip Code

4.15.03

Laurel Heights Station, SA, TX 78212

115.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

postage

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

James Café

Payee address; City; State; Zip Code

4.16.03

517 E. Woodlawn, SA. TX 78212

125.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

meal for senior center

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 7/8	
2 FILER NAME Thomas R. Aguilon		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4.16.03	5 Payee name John Boudreau 6 Payee address; City; State; Zip Code Horn Blvd, SA. TX	7 Amount (\$) 854. ⁰⁰	
8 Purpose of payment (See instructions regarding type of information required.) contract labor		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held 2003 CITY OF SAN ANTONIO CITY CLERK	
Date 4.16.03	Payee name Abmo City Liquor Payee address; City; State; Zip Code 171 SW Military Dr., SA, TX. 78221	Amount (\$) 99. ⁶¹	
Purpose of payment (See instructions regarding type of information required.) beverages		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 4.17.03	Payee name Bouncers Unlimited Payee address; City; State; Zip Code 1102 Whitman, SA. TX 78211	Amount (\$) 80. ⁹¹	
Purpose of payment (See instructions regarding type of information required.) service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 4.22.03	Payee name Real Creative Design Payee address; City; State; Zip Code 104 Briggs, Ste. 1. SA, TX 78211	Amount (\$) 1,983.73	
Purpose of payment (See instructions regarding type of information required.) design + print		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 8/8	
2 FILER NAME Thomas R. Aguilon		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4.22.03	5 Payee name HEB	7 Amount (\$) 70.25	
6 Payee address; City; State; Zip Code 300 W. Olmos, SA. TX 78212			
8 Purpose of payment (See instructions regarding type of information required.) supplies		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 4.02.03	Payee name Office Max	Amount (\$) 70.11	
Payee address; City; State; Zip Code 255 E. Base, Ste.			
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Payee name	Amount (\$)	
Payee address; City; State; Zip Code			
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Payee name	Amount (\$)	
Payee address; City; State; Zip Code			
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 1/20	
2 FILER NAME Thomas R. Aguilon		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4.03.03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Andrew & Hope Aguilon 6 Contributor address; City; State; Zip Code 306 E. Russell, San Antonio 78212	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 4.05.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Janie Aguilon Contributor address; City; State; Zip Code 5306 Boettman, San Antonio, 78219	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable) 2003 MAY -6 A 1008 RECEIVED CITY OF SAN ANTONIO CITY CLERK
Principal occupation (Optional)		Employer (Optional)	
Date 4.03.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Raymond Aguilon, Jr. Contributor address; City; State; Zip Code 603 W. Huisache, San Antonio, 78212	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4.03.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alamo Auto Sound & Security Contributor address; City; State; Zip Code 1806 McCullough, San Antonio, 78212	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4.16.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nancy Arocha Contributor address; City; State; Zip Code 10642 Horn Blvd. San Antonio, 78240	Amount of contribution (\$) 35.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 2/20	
2 FILER NAME Thomas R. Aguilon		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4.17.03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James & Amy Bastoni 6 Contributor address; City; State; Zip Code 106 Ottawa Run, SA, TX 78231	7 Amount of contribution (\$) 1500⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03.31.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Deborah Bauer Contributor address; City; State; Zip Code 2 Champions Mark, SA, TX 78258	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4.03.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dr. Roger & Barbara Beal Contributor address; City; State; Zip Code 3915 Hunters Rock, SA, TX 78230	Amount of contribution (\$) 300⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4.16.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Banana's Billiards Contributor address; City; State; Zip Code 2003 San Pedro, SA, TX 78212	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4.14.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rabbi Barry Block Contributor address; City; State; Zip Code 228 Primera, SA, TX 78212	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule A1: 3/20	
2 FILER NAME Thomas R. Aguilon				3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
4.03.03	Thad Blessing 6 Contributor address; City; State; Zip Code P.O. Box 12837, SA, TX 78212	100⁰⁰			
9 Principal occupation (Optional)			10 Employer (Optional)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
4.03.03	Mike Boyle Contributor address; City; State; Zip Code 328 Castano, SA, TX 78209	300⁰⁰			
Principal occupation (Optional)			Employer (Optional)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
4.14.03	Scot & Elizabeth Burns Contributor address; City; State; Zip Code 855 Harriman, SA, TX 78207	25⁰⁰			
Principal occupation (Optional)			Employer (Optional)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
4.03.03	Narciso Cano Contributor address; City; State; Zip Code 9202 Standing Creek, SA, TX 78230	50⁰⁰			
Principal occupation (Optional)			Employer (Optional)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
4.03.03	Juan José Castillo Contributor address; City; State; Zip Code 723 W. Cypress, SA, TX 78212	100⁰⁰			
Principal occupation (Optional)			Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 4/20	
2 FILER NAME Thomas R. Aguilon		3 ACCOUNT # (Ethics Commission files)	
4 Date 4.16.03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carlos Contreras, III 6 Contributor address; City; State; Zip Code 4623 Rock Elm Woods, SA, TX 78249	7 Amount of contribution (\$) 35⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 4.03.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Corbo Family Limited Partnership Contributor address; City; State; Zip Code 1430 N. Flores, SA, TX 78212	Amount of contribution (\$) 300⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4.03.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Esther DeLeon Contributor address; City; State; Zip Code 118 Taft Blvd, SA, 78225	Amount of contribution (\$) 60⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03.26.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lloyd A. Denton, Jr. Contributor address; City; State; Zip Code 7979 Broadway, Ste 101, SA, TX 78209	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4.14.03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Diamond Real Estate Services Contributor address; City; State; Zip Code 1923 Culebra Rd., SA, TX, 78201	Amount of contribution (\$) 70⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 5/20	
2 FILER NAME Thomas R. Aguilon		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4.03.03	5 Full name of contributor Jack J Dozier <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code 2442 Eland Dr., SA, TX. 78213	7 Amount of contribution (\$) 25⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 4.01.03	Full name of contributor Wallie Fields <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 13315 Huisache Way, Helotes, TX 78023	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4.03.03	Full name of contributor Frank M. Garcia <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 1202 E. Mulberry, SA, TX 78209	Amount of contribution (\$) 25⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4.10.03	Full name of contributor Richard or Lupe Gonzales <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 14106 Circle A Trail, Helotes, TX 78023	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4.16.03	Full name of contributor Roland & Terri Guerra <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 634 W. Huisache, SA, TX 78212	Amount of contribution (\$) 105⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

6/20

2 FILER NAME

Thomas R. Aguilon

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

John M. Guedner

6 Contributor address; City; State; Zip Code

4.09.03

247 W. Olmos, SA, TX 78212

100.00

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Jorge A. Herrera

Contributor address; City; State; Zip Code

3.27.03

105 Blackhawk Trail, SA, TX 78232

100.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Mary Helen & Patrick Hatchett

Contributor address; City; State; Zip Code

4.03.03

8502 Oak Thicket, SA, TX 78255

50.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Peter M. Holt

Contributor address; City; State; Zip Code

4.09.03

2191 Little Blanco Rd, Blanco, TX 78606

500.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Christy Ibarra

Contributor address; City; State; Zip Code

4.03.03

4523 Harpers Bend, SA, TX 78217

25.00

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: **7/20**

2 FILER NAME

Thomas R. Aquillon

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

Alice Irvin

6 Contributor address; City; State; Zip Code

4.15.03

P.O. Box PMB 624, SA, TX. 78257

1250⁰⁰

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Larry Irvin

Contributor address; City; State; Zip Code

4.15.03

P.O. Box PMB 624, SA, TX. 78257

1250⁰⁰

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Martha Lalleu

Contributor address; City; State; Zip Code

4.04.03

820 W. Ridgewood, SA, TX. 78212

50⁰⁰

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Donze Lopez

Contributor address; City; State; Zip Code

4.10.03

231 Brees Blvd. SA, TX 78209

500⁰⁰

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Leah Mabry, MD

Contributor address; City; State; Zip Code

4.16.03

1340 Meadowlark, Pleasanton, TX 78064

35⁰⁰

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

8/20

2 FILER NAME

Thomas R. Aguilon

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

Maria Macias

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

4.03.03

305 Haggin St. SA.TX. 78210

20⁰⁰

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Jorge Mariscal

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4.17.03

1032 W. Woodlawn, SA.TX 78212

250⁰⁰

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Aurora Martinez

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4.03.03

832 E. Grayson, #213, SA.TX 78208

20⁰⁰

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Christopher Martinez

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4.15.03

2507 Turquoise Way, SA.TX 78251

35⁰⁰

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Michael McGowan

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4.01.03

148 Terrell Rd, SA.TX. 78209

100⁰⁰

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

9/20

2 FILER NAME

Thomas R. Aguilon

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Mite Investments

6 Contributor address; City; State; Zip Code

3.25.03

P.O. Box 99, Hondo, TX 78861

7 Amount of
contribution (\$)

500⁰⁰

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Brian & Lauren Mason

Contributor address; City; State; Zip Code

4.03.03

119 W. Magnolia, SA, TX 78212

Amount of
contribution (\$)

50⁰⁰

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Deen McWhorter

Contributor address; City; State; Zip Code

4.02.03

9612 Fountain Bend, SA, TX 78250

Amount of
contribution (\$)

100⁰⁰

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

William & Phyllis Monier

Contributor address; City; State; Zip Code

4.03.03

2922 Falling Brook, SA, TX 78258

Amount of
contribution (\$)

100⁰⁰

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Moore Brothers Construction

Contributor address; City; State; Zip Code

4.03.03

1806 McCullough, SA, TX 78212

Amount of
contribution (\$)

25⁰⁰

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

10/20

2 FILER NAME

Thomas R. Aguillon

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☒ out-of-state PAC (ID#)

Angelica Morales

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

4.03.03

530 Sandalwood, SA.TX 78216

25⁰⁰

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Gilberto Ocañas

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4.17.03

1503 W. Huisache, SA.TX. 78201

250⁰⁰

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amadeo & Liz Ortiz

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4.04.03

16441 W.FM 2790S, Lytle, TX 78052

50⁰⁰

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Dolores Pacheco

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4.03.03

2037 La Manda, SA.TX 78201

25⁰⁰

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Rudolph Palacios

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4.03.03

519 E Amber Place, SA.TX 78221

25⁰⁰

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

11/20

2 FILER NAME

Thomas R. Aguilon

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

José & Peggy Picón

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

4.03.03

4530 Bikini Dr. SA. TX. 78218

25⁰⁰

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Theresa Pomerleau

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

4.10.03

7600 Callaghan Rd Apt. 1008, SA. 78229

50⁰⁰

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Rosa & Jerry Rivas

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

4.04.03

169 Oelkers, SA. TX. 78204

25⁰⁰

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Adela Sandoval

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

4.03.03

330 E. Woodlawn, SA. TX 78212

50⁰⁰

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Irma Sciaraffa

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

3.25.03

2719 Whisper Dove, SA. TX. 78230

500⁰⁰

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 12/20

2 FILER NAME

Thomas R. Aguilon

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

Dan Sciaraffa

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

3.25.03

2719 Whisper Dove, SA. TX 78230

500.00

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Herman Segovia

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4.03.03

118 E. Ashby, SA. TX 78212

25.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Herman Segovia

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4.16.03

118 E. Ashby, SA. TX. 78212

70.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Jonathan Starr

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4.03.03

755 E. Mulberry, Ste 200. SA. TX 78212

125.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

John F. Stewart, Jr

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4.04.03

1431 W. Magnolia Ave, SA. TX 78201

25.00

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: **13/20**

2 FILER NAME

Thomas R. Aguilon

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Ron Stinson

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

4.16.03

10701 GreenTrail St., SA. TX. 78223

135⁰⁰

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Guillermo Treviño II

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4.16.03

310 GreenMeadow Blvd. SA, TX 78213

35⁰⁰

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Julie Thul

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4.16.03

758 Fulton Ave, SA. TX 78212

100⁰⁰

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Raul & Mary Valdez

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

3.30.03

2610 WillowCrest, SA, TX 78247

25⁰⁰

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Alan H. Vanderhider

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4.16.03

3411 San Pedro, SA. TX 78212

250⁰⁰

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: **14/20**

2 FILER NAME

Thomas R. Aguilon

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

Roberto S. Vargaz

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

4.03.03

800 Dolores St. Ste. 105, SA. TX 78207

100.00

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Louis Vidaurri

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4.03.03

359 Barbara Dr. SA. TX. 78216

25.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Mark & Kimberley Wolf

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4.17.03

109 Fleetwood Dr. SA, TX 78232

100.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Christopher & Maricel Zachman

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4.03.03

12638 Stagecoach, Helotes, TX. 78023

100.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Michael J Garcia

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4.23.03

16914 Vista Village, SA, TX. 78247

250.00

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 15/20

2 FILER NAME

Thomas R. Aquillon

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☒ out-of-state PAC (ID#)

William R. Kohn

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

4.23.03

6507 Greentop SA, TX 78233

500⁰⁰

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Clarissa M. Rodriguez

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4.12.03

6410 View Pl. SA, TX 78229-4246

25⁰⁰

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Fredo, Julie

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4.16.03

SA, TX

70⁰⁰

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Cardinal Brokerage

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4.16.03

321 E. Dewey, SA, TX 78212

250⁰⁰

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

16/20

2 FILER NAME

Thomas R. Aguilon

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID#)

Kourtney & Richard Vega

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

3.29.03

218 Englewood, SA. TX. 78213

125.⁰⁰

food/beverage

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Richard Moore

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

3.30.03

1806 McCullough, SA. TX. 78212

250.⁰⁰

food/beverage

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Ray Aguilon, Sr.

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

4.3.03

603 W. Huisache, SA. TX 78212

400.⁰⁰

food/beverage

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Terri & Robnd Guerra

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

4.3.03

539 W. Huisache, SA, TX 78212

400.⁰⁰

food/beverage

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

BndCo

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

4.3.03

P.O. Box 937, SA. TX. 78294

75.⁰⁰

beverages

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

17/20

2 FILER NAME

Thomas R. Aguilon

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

Francisco Guadarrama

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

4.11.03

621 W Aprita, SA TX 78212

21⁰⁰

beverages

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Ray Aguilon, Jr.

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

4.12.03

603 W Huishache, SA TX 78212

36.14

staff

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Dolores Pacheco

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

4.13.03

2037 La Manda, SA TX 78201

25⁰⁰

food/beverage

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Diana Doria

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

4.06.03

101 Linda Dr. SA TX 78216

75⁰⁰

food/beverage

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Café Latino

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

4.16.03

1621 N Main, Ste 6 SA TX 78212

200⁰⁰

food/beverage

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 18/20

2 FILER NAME

Thomas R. Aguillon

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☒ out-of-state PAC (ID#)

Barbed Wire Grill

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

4.16.03

620 S. Presa St. SA, TX 78210

250.00

food

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Sweet Designs Bake Shop

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4.16.03

2512 N. Main, SA, TX 78212

175.00

food

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Cristina & Eddie Aldrete

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4.16.03

1032 W Woodlawn Ave, SA, TX 78201

175.00

entertainment

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Adela & Raymond Sandoval

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4.19.03

330 E Woodlawn, SA, TX 78212

72.60

food

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Terri & Roland Guerra

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4.19.03

539 W Huisache, SA, TX 78212

187.00

food

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

19/20

2 FILER NAME

Thomas R. Aquillon

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☒ out-of-state PAC (ID#:

Raymond Aquillon, Sr.

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

4.19.03

603 W. Huisache, SA. TX 78212

50⁰⁰

supplies

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Linda Aquillon

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

4.19.03

124 W. Mulberry #2, SA. TX 78212

200⁰⁰

supplies

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Linda Aquillon

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

4.19.03

124 W. Mulberry #2, SA. TX 78212

50⁰⁰

food

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Teresa Canales

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

4.19.03

621 W. Agorita, SA. TX 78212

20⁰⁰

food

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Clanssa Rodríguez

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

4.19.03

6410 Viewpoint, SA, TX 78229

10⁰⁰

food

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 20/20

2 FILER NAME

Thomas R. Aguilon

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

Janie Lopez Aguilon

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

4.19.03

305 E. Woodlawn, SA. TX 78212

10⁰⁰

supplies

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Herlinda Aguilon

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4.19.03

414 Parkside, SA, TX 78237

35⁰⁰

food

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Janie & Alex Aguilon

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4.19.03

305 E. Woodlawn, SA. TX 78212

50⁰⁰

food

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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